



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: JOHNSON MEMORIAL HOSPITAL

City of Hospital: Franklin

Year Begin: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (mm/dd/yyyy format)

Person Completing the Report: Christina Pickett

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Medicare Provider Number: 15-001

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

| | |
|-------------------------------------|-------------|
| Inpatient Patient Service Revenue | \$72815539 |
| Outpatient Patient Service Revenue | \$265604720 |
| Total Gross Patient Service Revenue | \$338420259 |

2. Deductions From Revenue

| | |
|-----------------------|-------------|
| Contractual Allowance | \$222301198 |
| Other Deductions | \$1231271 |
| Total Deductions | \$223532469 |

3. Total Operating Revenue

| | |
|-----------------------------|-------------|
| Net Patient Service Revenue | \$114887790 |
| Other Operating Revenue | \$911258 |
| Total Operating Revenue | \$115799048 |

4. Operating Expenses

| | | | |
|-------------------------------|-------------|-------------------|------------|
| Salaries and Wages | \$45273119 | Employee Benefits | \$8766872 |
| Depreciation and Amortization | \$7201098 | Interest Expense | \$579361 |
| Bad Debt | \$8896933 | Other Expenses | \$42796951 |
| Total Operating Expenses | \$113514334 | | |

5. Net Revenue and Expenses

| | | | |
|-----------------------------------|-----------|-------------------|-------------|
| Excess Revenue over Expenses | \$2284714 | Total Assets | \$332485972 |
| Net Non-operating Gains over Loss | \$1722242 | Total Liabilities | \$50813459 |
| Total Net Gains | \$4006956 | | |

Statement Two: Contractual Allowance

| Revenue Source | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare | \$142394584 | \$107342848 | \$35051736 |
| Medicaid | \$69544421 | \$49127954 | \$20416467 |
| Other Government | \$0 | \$0 | \$0 |
| Other State | \$0 | \$0 | \$0 |
| Other Payers | \$126481254 | \$67061667 | \$59419587 |
| Total | \$338420259 | \$223532469 | \$114887790 |

Statement Three: Donations Statement

| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$4276 | \$0 | \$4276 |

Statement Four: Research Statement

| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------|----------------------------|-----------------------------|-------------------------|
| Research | \$0 | \$0 | \$0 |

Statement Five: Education Statement

| Education of | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------------------|----------------------------|-----------------------------|-------------------------|
| Medical Professionals | \$0 | \$109699 | \$-109699 |
| Hospital Patients | \$104609 | \$81531 | \$23078 |
| Community Education | \$0 | \$428651 | \$-428651 |

| | |
|---|-------|
| Number of Medical Professionals Trained | 1047 |
| Number of Hospital Patients Educated | 2091 |
| Number of Citizens Exposed to Health Education Messages | 32864 |

Statement Six: Charity Statement

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|--------------------------|-----------|
| Hospital Charity Charges | \$1231271 |
|--------------------------|-----------|

| | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------|-----------------------|------------------------|--------------------------------|
| Charity Care | \$0 | \$738763 | |
| HCI Payments | \$0 | | |
| Subtotal | \$0 | \$738763 | \$-738763 |
| Medicaid Shortfalls | \$11505129 | \$41726653 | |
| Subtotal | \$11505129 | \$42465416 | \$-30960287 |
| DSH Payments | \$1,308,903 | | |

| | | | | |
|---------------------------|----------|------------|-------------|--------------|
| | Subtotal | \$12814032 | \$42465416 | \$-29651384 |
| Medicare Shortfalls | | \$21965971 | \$85436750 | |
| Other Government Programs | | \$1446295 | \$11291228 | |
| | Total | \$36226298 | \$139193394 | \$-102967096 |

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| Statement Seven: Subsidized Health Services for the Community |
|---|

| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs | N/A | N/A | \$0 |
| Community Assessment | N/A | N/A | \$0 |
| Provision of Taxes | N/A | N/A | \$0 |
| Other Allocations | N/A | N/A | \$0 |

Comments

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